

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)*	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX SAMUEL A OSEMENE		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 1811 A. GRACY FARMS, AUSTIN TX 78758 <input type="checkbox"/> Change of Address		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 554-7897		Austin City Clerk POSTING: DATE/TIME 2009 APR 9 PM 1:18
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX STEPHEN SCHOPPE		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 10960 E. CRYSTAL FALLS, STE 400 LEANDER, TX 78641		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 789-1260		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year /		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year 5 9 2009 <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) PLACEMAN
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. Name Address / PO Box, Apt / Suite #, City, State, Zip Code		
<input type="checkbox"/> additional pages			
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

OSEMENE, Sam

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 357.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 9,845

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 120.00

4. TOTAL POLITICAL EXPENDITURES

\$ 8,348

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

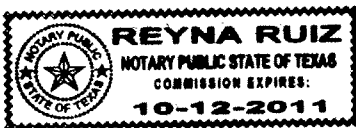
\$ 1,497

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said SAMUEL AMECHI OSEMENE, this the 9 day of April, 20 09, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Reyna Ruiz
Printed name of officer administering oath

Administrative Specialist
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

2/7/9

DAN OSEMOW

6 Contributor address, City, State, Zip Code

Cedar Park, TX

300.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/7/9

Thom White

Contributor address, City, State, Zip Code

Austin, TX

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/7/9

LUCKY DANIA

Contributor address, City, State, Zip Code

Round Rock, TX

300.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/7/9

F. WALLACE

Contributor address, City, State, Zip Code

Austin, TX

300.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/7/9

Bernice Osemow

Contributor address, City, State, Zip Code

Austin, TX

200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A.

2 FILER NAME

OSEMENE, Sam

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/15/9

5 Full name of contributor

☐ out-of-state PAC (ID#)

GORDON WALTON

6 Contributor address; City, State, Zip Code

AUSTIN, TX

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/16/9

Full name of contributor

☐ out-of-state PAC (ID#)

ARCH BELL

Contributor address; City, State, Zip Code

AUSTIN, TX

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/9

Full name of contributor

☐ out-of-state PAC (ID#)

MIKE COSTELLO

Contributor address; City, State, Zip Code

Pflugerville, TX

Amount of contribution (\$)

10.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/9

Full name of contributor

☐ out-of-state PAC (ID#)

STEPHEN SCHOPPE

Contributor address; City, State, Zip Code

Cedar, PARK, TX

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/9

Full name of contributor

☐ out-of-state PAC (ID#)

WES BENEDICT

Contributor address; City, State, Zip Code

AUSTIN, TX

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

OSEMENE, Sam

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/7/9

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

PAF DIXON

6 Contributor address; City, State, Zip Code

LAGO VISTA, TX

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/7/9

Full name of contributor

☐ out-of-state PAC (ID# _____)

AL STEPNEY

Contributor address; City, State, Zip Code

PLUGERVILLE, TX

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/7/9

Full name of contributor

☐ out-of-state PAC (ID# _____)

Charles Page

Contributor address; City, State, Zip Code

AUSTIN, TX

Amount of contribution (\$)

2.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/7/9

Full name of contributor

☐ out-of-state PAC (ID# _____)

CASHY VIDAL

Contributor address; City, State, Zip Code

AUSTIN, TX

Amount of contribution (\$)

15.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/7/9

Full name of contributor

☐ out-of-state PAC (ID# _____)

John Peters

Contributor address; City, State, Zip Code

AUSTIN, TX

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A

2 FILER NAME

OSEMENE, SAMUEL

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/7/9

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Scott Prevratil

6 Contributor address, City, State, Zip Code

AUSTIN, TX

7 Amount of contribution (\$)

40.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/7/9

Full name of contributor

☐ out-of-state PAC (ID# _____)

Jeremy HODES

Contributor address, City, State, Zip Code

AUSTIN, TX

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/7/9

Full name of contributor

☐ out-of-state PAC (ID# _____)

Chris Baker

Contributor address, City, State, Zip Code

AUSTIN, TX

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/7/9

Full name of contributor

☐ out-of-state PAC (ID# _____)

JASON BECKER

Contributor address, City, State, Zip Code

AUSTIN, TX

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/7/9

Full name of contributor

☐ out-of-state PAC (ID# _____)

GORDON WALTON

Contributor address, City, State, Zip Code

AUSTIN, TX

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G.

2 FILER NAME

OSEMENE, Sam

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/15/9

5 Payee name

MARK ISAAC

6 Payee address; City, State, Zip Code

AUSTIN, TX

7 Purpose of expenditure (See instructions regarding type of information required.)

Putting Signs on the road.
(If travel outside of Texas, complete Schedule T)

8 Amount (\$)

200.00

☐ Reimbursement from political contributions intended

Date

2/20/9

Payee name

Thomas Jones

Payee address; City, State, Zip Code

AUSTIN, TX

Purpose of expenditure (See instructions regarding type of information required.)

Canvassing.
(If travel outside of Texas, complete Schedule T)

Amount (\$)

200.00

☐ Reimbursement from political contributions intended

Date

2/7/9

Payee name

H.E.B

Payee address; City, State, Zip Code

AUSTIN, TX

Purpose of expenditure (See instructions regarding type of information required.)

FUNDRAISER ENTERTAINMENTS
(If travel outside of Texas, complete Schedule T)

Amount (\$)

600.00

☐ Reimbursement from political contributions intended

Date

2/7/9

Payee name

WAL-MART

Payee address; City, State, Zip Code

AUSTIN, TX

Purpose of expenditure (See instructions regarding type of information required.)

FUNDRAISER ENTERTAINMENTS
(If travel outside of Texas, complete Schedule T)

Amount (\$)

150.00

☐ Reimbursement from political contributions intended

Date

2/7/9

Payee name

AFRICARI'S MARKET

Payee address; City, State, Zip Code

825 E. RUMBARGER, AUSTIN, TX

Purpose of expenditure (See instructions regarding type of information required.)

Fund Raiser.
(If travel outside of Texas, complete Schedule T)

Amount (\$)

200.00

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G

2 FILER NAME

OSEMENE, Sam

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/2/9

5 Payee name

JOSE MORALES

6 Payee address, City, State, Zip Code

AUSTIN, TX

7 Purpose of expenditure (See instructions regarding type of information required.)

CANVASSING.

(If travel outside of Texas, complete Schedule T)

8

Amount

(\$ 400.00)

☐

Reimbursement
from political
contributions
intended

Date

2/7/9

Payee name

JOHN BUSH

Payee address, City, State, Zip Code

AUSTIN, TX

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount

(\$ 300.00)

☐

Reimbursement
from political
contributions
intended

Date

2/7/9

Payee name

Thom White

Payee address, City, State, Zip Code

AUSTIN, TX

Purpose of expenditure (See instructions regarding type of information required.)

Campaign flyers.

(If travel outside of Texas, complete Schedule T)

Amount

(\$ 50.00)

☐

Reimbursement
from political
contributions
intended

Date

2/10/9

Payee name

Robert JONES

Payee address, City, State, Zip Code

AUSTIN, TX

Purpose of expenditure (See instructions regarding type of information required.)

CANVASSING

(If travel outside of Texas, complete Schedule T)

Amount

(\$ 200.00)

☐

Reimbursement
from political
contributions
intended

Date

2/10/9

Payee name

John LOPEZ

Payee address, City, State, Zip Code

AUSTIN, TX

Purpose of expenditure (See instructions regarding type of information required.)

CANVASSING.

(If travel outside of Texas, complete Schedule T)

Amount

(\$ 100.00)

☐

Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

<p>4 Date</p> <p>2/26/19</p>	<p>5 Payee name</p> <p>Supercheap Sign</p> <p>6 Payee address; City; State; Zip Code</p> <p>AUSTIN, TX</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.)</p> <p>Campaign Sign</p> <p>(If travel outside of Texas, complete Schedule T)</p>	<p>8 Amount (\$)</p> <p>500.00</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>2/28/19</p>	<p>Payee name</p> <p>John Rodriguez</p> <p>Payee address; City; State; Zip Code</p> <p>AUSTIN, TX</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p> <p>Advertisement</p> <p>(If travel outside of Texas, complete Schedule T)</p>	<p>Amount (\$)</p> <p>750.00</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>3/2/19</p>	<p>Payee name</p> <p>POKE RITTER</p> <p>Payee address; City; State; Zip Code</p> <p>AUSTIN, TX</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p> <p>Video/Photography</p> <p>(If travel outside of Texas, complete Schedule T)</p>	<p>Amount (\$)</p> <p>100.00</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>3/4/19</p>	<p>Payee name</p> <p>Supercheap Sign</p> <p>Payee address; City; State; Zip Code</p> <p>AUSTIN, TX</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p> <p>Campaign Sign</p> <p>(If travel outside of Texas, complete Schedule T)</p>	<p>Amount (\$)</p> <p>750.00</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>3/4/19</p>	<p>Payee name</p> <p>KINKOS</p> <p>Payee address; City; State; Zip Code</p> <p>AUSTIN, TX</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p> <p>Copies of flyers</p> <p>(If travel outside of Texas, complete Schedule T)</p>	<p>Amount (\$)</p> <p>60.00</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G

2 FILER NAME

OSEMENE, Sam

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

HOME DEPOT

8

Amount

(\$ 400.00)

6 Payee address;

City; State; Zip Code

BRAKER & MORAC, AUSTIN, TX

7 Purpose of expenditure (See instructions regarding type of information required.)

Campaign Sign posts

(If travel outside of Texas, complete Schedule T)

☐

Reimbursement
from political
contributions
intended

Date

Payee name

MIKE GONZALEZ

Payee address;

City; State; Zip Code

AUSTIN, TX

Purpose of expenditure (See instructions regarding type of information required.)

Putting Campaign Sign

(If travel outside of Texas, complete Schedule T)

☐

Reimbursement
from political
contributions
intended

Date

Payee name

JESUS QUINTERO

Payee address;

City; State; Zip Code

AUSTIN, TX

Purpose of expenditure (See instructions regarding type of information required.)

Putting Campaign Sign

(If travel outside of Texas, complete Schedule T)

☐

Reimbursement
from political
contributions
intended

Date

Payee name

Robert Rios

Payee address;

City; State; Zip Code

AUSTIN, TX

Purpose of expenditure (See instructions regarding type of information required.)

Putting Campaign Sign

(If travel outside of Texas, complete Schedule T)

☐

Reimbursement
from political
contributions
intended

Date

Payee name

Jesús Quintero

Payee address;

City, State, Zip Code

AUSTIN, TX

Purpose of expenditure (See instructions regarding type of information required.)

Campaign

(If travel outside of Texas, complete Schedule T)

☐

Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

OSEMENE, Sam

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/4/9

5 Payee name

Supacheap Synd

6 Payee address; City, State, Zip Code

AUSTIN, TX

7 Amount

(\$)
95.00

8 Purpose of payment (See instructions regarding type of information required.)

Purchase of H-wires

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/15/9

Payee name

Kinross

Payee address; City, State, Zip Code

AUSTIN, TX

Amount

(\$)
1,500.00

Purpose of payment (See instructions regarding type of information required.)

Copies of Campaign flyers

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/20/9

Payee name

Super cheap Synd

Payee address; City, State, Zip Code

AUSTIN, TX

Amount

(\$)
50.00

Purpose of payment (See instructions regarding type of information required.)

Purchase of H-wires

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/21/9

Payee name

JOSE Quintero

Payee address; City, State, Zip Code

AUSTIN, TX

Amount

(\$)
200.00

Purpose of payment (See instructions regarding type of information required.)

Canvassing for Candidate

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME

OSEMENE, Sam

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/23/9

5 Payee name

Valene Bernard

7

Amount

(\$ 150.00

6 Payee address;

City, State; Zip Code

AUSTIN, TX

8 Purpose of payment (See instructions regarding type of information required.)

Advertise + for
East Austin Ballet
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/27/9

Payee name

MIKE SIEKINEN

Payee address;

City, State, Zip Code

AUSTIN, TX

Amount

(\$ 170.00

Purpose of payment (See instructions regarding type of information required.)

Copies of flyers from
Kinkos.
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4/6/9

Payee name

Suparcheep Signs

Payee address;

City, State, Zip Code

AUSTIN, TX

Amount

(\$ 253.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Signs
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4/8/9

Payee name

Kinkos

Payee address;

City, State, Zip Code

AUSTIN, TX

Amount

(\$ 20.00

Purpose of payment (See instructions regarding type of information required.)

Copies of flyers.
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED